

**COMPANY
MORNING REPORT**

ENDING
2400

1 Jan 1945

STATION Mourmelon VT 5464 Nord de Guerre

ORGANIZATION Co "A" 506th Precht Inf Inf

(CO, DET, ETC.)

(PARENT UNIT)

(ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE	
36 968 167	Knapp Thomas A	745 Pvt	M/	
36 740 772	Simioni Dino C	605 Tec 4	M/	
18 117 175	Barrington Ollie e Jr	Cpl	M/	
(604) Above 3 EM fr dy to KIA 20 Dec 44				
32 597 522	Speer Siber E	745 Pfc	M/	
6 136 169	Rohr David W	745 Pvt		
12 095 356	Hopkins Joseph R	653 Sgt		
32 347 935	Horn Charles D	745 Pvt		
32 216 963	Bielski John A	937 Pvt		
13 089 060	Fell Emanuel	764 Pvt		
Above 6 EM fr dy to KIA 21 Dec 44.				
20 225 987	Braasch Louis R	652 Pvt		
13 091 367	Boyd Henry A	653 Sgt		
39 207 357	Cressey Robert H	060 Pvt		H/
15 324 667	Davis Frank L	604 Sgt	M/	
38 446 020	Doss Joel H	745 Pvt		
39 530 738	Harrison Floyd E	653 Sgt		
39 217 426	Johns Leland L	745 Pvt		
16 108 467	McFaul Nelson A	607 Pfc		
13 083 807	Montrella Angelo S	607 Sgt		
39 693 141	Romero Martin Z	653 Sgt		
39 921 885	Sanders George D	533 Pvt		

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ACS'T	PRES	ABS'T	PRES	ACS'T
ASSIGNED										
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL										

RESTRICTED

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED						
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL						

R ESTIMATED NUMBER OF DAY OF WEEK NUMBER

A I RATIONS REQUIRED FOR DATE

T II MESS ATTENDANCE FOR DAY OF THIS REPORT

I BREAKFAST DINNER SUPPER TOTAL + AVERAGE

O MEN AUTHORIZED TO MESS SEPARATELY MEN ATCHD FOR RATIONS

N III MEN ATCHD TO OTHER ORGN FOR RATIONS NET O & OTHERS MESSED TOTAL

S MEN PRESENT LESS PLUS

PAGE 2 OF 5 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT THE RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

[Signature]

Information from the Hospital Admission Cards created 2/17/2023
 by the office of the Surgeon General, Department
 of the Army (1944-1945).
 Information for the year 1944

Service Number	13089060
Rank	Enlisted Man
Arm of Service	Infantry, Parachute Troops
Age	
Race	White
Length of Service	
Month of Admission	December
Year of Admission	1944
Last Treatment Facility	Not in a medical installation prior to death
Circumstances Surrounding Injury	Battle casualty or battle injury other than ; self-inflicted injury or injury intentionally ; inflicted by another person.
Type of Case	Casualty, battle
Type of Admission	New
Type of Diagnosis	Sole diagnosis, no history of prior disease, injury; or battle casualty
Line of Duty	In line of duty
1st Diagnosis	Wound(s), penetrating (point of entrance only: includes incised, puncture or stab wound) with no nerve or artery involvement
1st Anatomical Location	Head, generally
1st Operation	
2nd Diagnosis	Killed in action
2nd Anatomical Location	Unknown, code not applicable
2nd Operation	
3rd Diagnosis	
Causative Agent	Bullet, Missile Not Stated
Final Result	Graves Regis/Not in Med Instal prior to Death
Disposition	
Cause of Disposition	First diagnosis field
Month of Disposition	December
Year of Disposition	1944
Total Days (non-effective)	
Hospital Days	
Current Days /Gen Hosp Overseas Day	
Place of Final Cure	
Sample Size	Remaining 1944 case

Source: This information was obtained from the Hospital Admission Card data file (1944-1945) created by the Office of the Surgeon General Department of the Army. In 1970 the National Research Council first compiled this for statistical purposes using the EMTs (Emergency Medical Tags) and other Office of the Surgeon General Office Records during WWII.

APPLICATION FOR WORLD WAR II COMPENSATION—TO BE USED IN CASE OF DEATH IN SERVICE OR IN CASE OF DEATH AFTER HONORABLE DISCHARGE—OR OF MENTALLY INCAPACITATED VETERAN

IMPORTANT—Before Filling Out This Form, Study it Carefully—Read and Follow Instructions—Print Plainly in Ink, or Use Typewriter. DO NOT Use Pencil—All Signatures Must Be Signed in Ink.

Applicant Must Not Write In Space Below

JUN 3 1950

Date Application Was Received

Batch Control Number

50673 80710

Active Domestic Service

Months \$

Days \$

Amount Due \$

Active Foreign Service

Months \$

Days \$

Amount Due \$

Total Amount Due \$

Full Compensation \$ 500

Audited By E.P. Allen

Service Computed By

Amounts Extended By

Approved For Payment

OCT 21 1950

Date

For A. G. J. J. Jones

For Aud. G. J. J. Jones

For S. I. Kelly

Disapproved By

1—Name of Applicant Filing as Representative of Veteran.

FELL HERMAN I.
Last First Middle or Initial

Last First Middle or Initial

2—Address to Which CHECK and MAIL is to be Sent.

428 County Line St., New Castle Lawrence Pa.
House No. St. R. D. P. O. Box City—Town County State

3—Relationship of Applicant to Deceased or Mentally Incompetent.

Father
Explain Fully—See Instructions

Information Required Relative to Deceased or Mentally Incompetent Veteran—Answer Each Question.

4—Name

Fell Emanuel
Last First Middle or Initial

5—Name Under Which He (She) Served in World War II.

Same name
Last First Middle or Initial

6—Date and Place of Birth.

April 29 1921 New Castle Lawrence Penna.
Month Day Year City—Town County State

7—Date of Beginning and Date of Ending of Each Period of Service Between December 7, 1941 and March 2, 1946—(Both Dates Inclusive) During Which Veteran Was in Domestic Service.

Not known July 31, 1942 to April 1944

Date of Beginning Date of Ending

8—Date of Beginning and Date of Ending of Each Period of Service Between December 7, 1941 and March 2, 1946—(Both Dates Inclusive) During Which Veteran Was in Foreign Service.

Not known April 1944 to Dec. 21, 1944
(Date of Death)

Date of Beginning Date of Ending

9—Service or Serial Numbers Assigned to Veteran.

13089060

10—Mark "X" Above Name to Indicate Sex and Branch of Service.

X Male—Female X Army—Navy—Marine Corps—Coast Guard—Other—Describe

11—Date and Place Veteran Entered Active Service.

July 31 1942 Pittsburgh Allegheny Penna.
Month Day Year City or Town County State

12—Veteran's Residence at Time of Entry into Active Service.

428 County Line St., New Castle Lawrence Penna.
House No. Street R. D. P. O. Box City or Town County State

13—Veteran Was Registered Under Selective Service as Follows:

Not known #1 New Castle Lawrence Penna.
Draft Board No. City or Town County State

14—If Death of Veteran Occurred in Service—Give Date and Place.

December 21 1944 Belgium
Month Day Year Place

15-If Death of Veteran Occurred After Honorable Discharge Give Date and Place.

No
Month Day Year City Town County State

16-Date and Place Veteran Was Honorably Discharged From Active Service.

No
Month Day Year Place

17-If Veteran is Mentally Incompetent-Complete the Following:

No
Name of Hospital or Institution in Which Veteran is Patient Location

Home Address of Veteran-House No. St. City-Town County State

18-Was a Bonus or Similar Gratuity Received From Any Other State or From Any of the Allies of the United States Based Upon the Services of the Deceased or Mentally Incompetent Veteran Described Herein? If Answer is Yes-Amt. Received. Source. NO

19-Complete the Following ONLY in case Service Was in the NAVY or its COMPONENTS-List Below the Station-Post-Camp-Vessels or Units-At, On, or With Which Veteran Served From December 7, 1941 to March 2, 1946. (Both Dates Inclusive) Showing Date of Beginning and Date of Ending of Each Period of Service for Which SEA DUTY PAY was Received.

--- Not applicable

Station-Post-Etc. Beginning Date Ending Date

20-Following Information Must Be Furnished Showing Marriage of VETERAN.

None

Date and Place of Each Marriage To Whom Married How Marriage Terminated

21-Following Information Must Be Furnished Showing Marriage of Widow or Wife.

None

Date and Place of Each Marriage To Whom Married How Marriage Terminated

22-Did Applicant Divorce Veteran? Yes No

Date Place

23-Was Applicant Living With Deceased At Time of Death? If Answer is NO-Explain.

Yes No - Deceased was serving in U. S. Service at time of death.

24-Following Information Must Be Furnished Showing Living Minor Children Of Deceased.

None

Name of Child Date and Place of Birth With Whom Living

25-Following Information Must Be Furnished Showing Parents of Deceased:

Dora Fell (Deceased)
Name of Mother

5 APRIL 1925

Address

Herman I. Fell
Name of Father

428 County Line St., New Castle, Pa.

Address

26-The Applicant, Whose Signature Appears Below, Applies to THE ADJUTANT GENERAL, Commonwealth of Pennsylvania, For World War II Veterans' Compensation, Authorized by Act 248, Approved June 11, 1947-P. L. 565, as the Rightful Claimant According to the Law.

Jan. 23, 1950
Date of Application

Herman Fell

Signature of Applicant

STATE OF Pennsylvania
COUNTY OF Lawrence

SS

Personally appeared before me HERMAN I. FELL, a Notary Public in aforesaid State and County, the above named applicant, who being properly sworn or affirmed, states that he or she is the person who has signed this application, and that he or she is familiar with the contents thereof and that they are true to the best of his or her knowledge, information and belief.

Certificate No. 1671
Commonwealth of Pennsylvania

Subscribed and Sworn to

This 23rd Day of Jan. 19 50

My Commission Expires: Act. No. 173 of 1945

A. Lewis Conn